

Meanscoil na Toirbhirte

Lios Tuathail  
Co. Chiarraí



Presentation Secondary School

Listowel  
Co. Kerry

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**Application Form to**  
**Repeat a Year 2017/2018**

NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

I wish to repeat \_\_\_\_\_ Year for the following reason:

Please tick

- Prolonged absence from school
- Serious Illness – **Please supply Doctor’s Cert.**
- Serious family trauma – Confidential to Principal.
- Very poor academic record – Will be discussed by teachers.
- Change of school:
  - (a) due to change of domicile
  - (b) to take up a revised course of study
  - (c) for other reasons

Pupil’s Signature: \_\_\_\_\_

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_